

**REIMBURSEMENT CLAIM FORM**

Approved by: \_\_\_\_\_

Wamego USD 320 (updated Jul/2011) (Signature of Bldg. Principal or Spec. Services Director)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Event Attended: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Other Info: \_\_\_\_\_ Overnight Stay?  yes  no

MEALS: Amounts allowed: \$7.00 breakfast/ \$8.00 lunch/ \$15.00 dinner (ATTACH **ITEMIZED** RECEIPTS)

<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<i>(Office Use Only)</i>
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____

Mileage (51 cents per mile) No. of miles \_\_\_\_\_ x .51 = \$ \_\_\_\_\_

Odometer readings (REQUIRED): Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

OTHER EXPENSES (Desc. & Amount): \_\_\_\_\_

\_\_\_\_\_ Total Due \$ \_\_\_\_\_